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ABSTRACT

Individualized service planning for handicapped individuals requires a formalized tracking mechanism to determine the effectiveness of services, tools for encouraging interagency cooperation, systematized intervention, communication, coordination, and accountability procedures. A three-tiered system is presented that illustrates separate processes of individual intervention planning, individual service planning, and interagency fiscal planning. Needs analysis tables are provided that relate disability to staff and program requirements in supervision and care, motor control/mobility, socialization/communication, developmental skills and behavior. Other measures described for help in planning are service analyses (a list of available services) and a progression charting phases of training for vocational, residential, social education, and leisure skills. (CL)

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Individual Service Plans
Increasing the Interface
Between
Research and Service Provision

by

Nancy J. Marlett

November, 1982

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Individual Service Plans

I was particularly pleased to be invited today because it allows me to look at some of the shared research/service issues in child welfare and rehabilitation. I would particularly like to focus on some ideas in the areas of client service coordination and information systems which can facilitate an active interplay between research and service provision.

As more persons require services and the number of alternatives increase, there is a need for a formalized tracking mechanism to ensure that client needs are being met in the most effective (and perhaps efficient) manner. When services were single, flow-through processes service accountability was evident and progress of an individual through the system was easily monitored by the service or client himself. Perhaps the most extensive accountability/monitoring system is the American Public Law 94-142 - education of handicapped children which provides for a process of identifying needs and services required, and specification of how and when these needs will be met and by whom. The act was a direct result of parent and advocate insistance that educational services to handicapped children needed to be appropriate and accountable. Educational administrators saw in the IEP, a way to project fiscal needs for staff, services and materials. Unfortunately, the teachers did not share the early enthusiasm. While great strides have been made in the United States education system because of the IEP, it would appear that the complexity and all inclusive nature of the IEP has, to some extent diluted its' usefulness as a planning tool and a mechanism for encouraging inter-agency cooperation and coordination.

Some of the confusion and apprehension has arisen from trying to mandate too many functions in one process. The following functions of individual planning were identified during a decade of work with services and agencies who were asked to identify the reasons for implementing individualized planning.

Tracking - ensures that changes in needs, services and placements are monitored and relayed to all parties involved. It is the basic information upon which any individualized system rests.

Systematized Intervention - individualized plans were initially popularized as a way of standardizing direct service to the client, in a manner which could increase accountability of procedures through behavioral objectives, assessments and behavioral intervention. These procedures are simplified and standardized so that quality training can be administered by semi-trained staff. The I.P. has done much to disperse new teaching technologies.

Communication - In programs where two or more staff work with the client a written plan can increase consistency of approach. A communication system should facilitate sharing and comparing information. For this to happen all parties must be able to communicate as equals.

Coordination - of services occurs more readily when good communication has been established during the I.P. process. Even with care taken it is fraught with numerous constraints: territoriality, role conflict, lack of time and mandate. Coordination occurs most effectively when there has been a shared development of the process and when a common tracking system is in place.

Accountability in I.P. systems arises from two major source:

a) Acccountability by authority - where a mandated system dictates that parties fulfill the obligations that have been agreed to. The natural reaction to such an approach is to protect against failure by selecting

objectives which are easily attainable. Often, however, the need for protection counteracts the purpose of the IEP by leading to lowered expectations and reducing creativity.

b) Accountability by agreement results from a gradual process of evolution through the functions above, ie. tracking, communication and coordination. This accountability rests with the consumer and the service providers. While a mandated system and due process can produce dramatic changes in service, Canadians with our different approaches and legislative system have the option of developing a consumer/service accountable system.

The above functions cannot all be accomplished by the same I.P. system - systematic intervention is, by necessity, detailed and specific, whereas coordination and accountability, on the other hand, must summarize information so that it can be easily understood and transmitted.

The following 3 tiered system presents three separate but compatible processes - individual intervention planning, individual service planning, interagency fiscal planning - that together will fulfill all of the functions above:

Figure 1

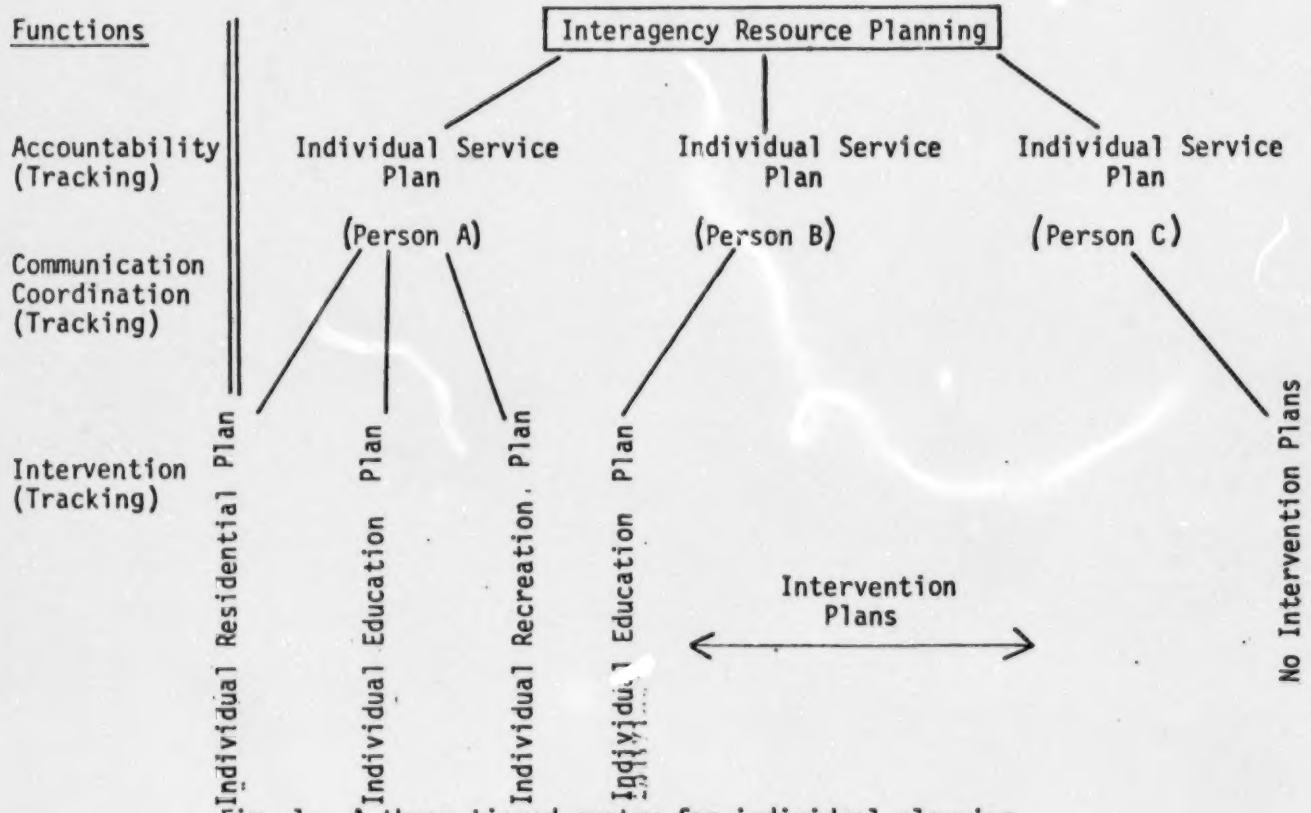

Fig. 1: A three tiered system for individual planning

A) The Individual Intervention Plan: the systematization of intervention strategies by the direct service providers lead to detailed plans. It is conceivable that one client could have up to five different individual intervention plans representing the various programs he is in, eg. residential, education, early intervention, home based programming, etc. The specificity required in this type of plan thus overwhelms the tracking system and the complexity retards communication between various agencies and services.

B) The Individual Service Plan: has been developed to coordinate services and to ensure that the individual's diverse program needs are being met in an integrated manner. This becomes a contract for service which promotes communication and coordination of services by focusing on assessment of common needs and goals with a view to accessing and maintaining services required.

C) The Inter-Agency Resource Plan: is the compilation of the information contained in a number of individual service plans to form the database for fiscal planning. It is drawn up by agencies, government departments, etc. in order to manage the generation and flow of resources necessary for the full continuum of services required by a group of disabled persons.

Thus we have a 3 tiered but nesting system of individualized planning from highly specific individual intervention plans, to an eventual data base for fiscal planning.

The success of this system rests at the fulcrum, the individual service plan. New assessment and monitoring techniques have had to be

developed to facilitate communication and provide a tracking data base that can be used at intervention stages, service planning and inter-agency fiscal planning. These instruments have resulted from a unique interface between service and research. Ideas generated to fill a service gap have proved extremely useful in research and vice versa. Three such systems will be presented: Needs Analysis, Service Glossaries, and Phases of Placement.

1) Needs Analysis: while there are many ways of measuring needs - needs such as rights, needs as etiology, needs as services, as skills, etc., the following analysis relates disability to staff and program requirements: The Level of Handicap Grid (Marlett, 1975), was developed as part of a community planning process - Resources for Handicapped, A Calgary Community Plan. Five forms (ages 0-3, 3-5, 6 - 11, 12 - 18, over 18) identify four major levels of staff and environmental support required in supervision and care, motor control/mobility, socialization/communication, developmental skills and behavior.

Insert Figure 2

This simple format can be used to generate up to 625 different patterns of needs that are specific enough that staff can identify unique program requirements from a set of numbers. Thus, it is very useful in individual service plans.

LEVELS OF HANDICAP

Prepared 1975 for Services for
the Handicapped, Calgary Region

The following definitions refer to 5 general levels of handicap in categories of: Supervision and Care, Motor Control, Socialization/Communication, Developmental Skills, Behaviour. Assign the level (0 to 4) in each of the above categories which best describes the individual - "0" represents the normal child/adult. All descriptions will not apply, but choose the level which is the best overall description of the individual, e.g., an adult in a wheelchair with spina bifida and ileostomy problems might receive a rating of: 3-2-1-2-1, whereas a child in a special unit because of severe retardation may receive a rating of 1-1-3-3-2. Both of these ratings present very specific program information which allows program planning related to the Service Delivery Grid (attached for your information).

	LEVEL 4	LEVEL 3	LEVEL 2	LEVEL 1
SUPERVISION AND CARE	Extensive medical & physical nursing care, eg, a) large hydrocephalus, b) immobile child requiring positioning for congestion & bed sores, c) heart defects, d) aspirates when fed, e) tube feeding. NURSING AFDH -- 15 + over	Regular nursing with some medical - a) frequent convulsions, b) physical care in all daily routines. NURSING AFDH -- 10-15	Some medical nursing back-up necessary - a) check on chronic respiratory infection, b) regular medication reviews. NURSING AFDH -- 5-10	Regular meds. such as laxatives, vitamin supplements. NURSING AFDH -- less than 5
MOTOR CONTROL	Motor control severely affected due to spasms or limpness, eg, a) no head control, b) few spontaneous motor movements. PHYSICAL DEVELOPMENT AFDH -- 0 - 5/6	Head control with some spontaneous movement.	Some purposeful movements - some creeping, head & trunk control.	Purposeful movement - a) head & trunk control, b) crawling, c) gross hand movements, batting, holding.
SOCIALIZATION/ COMMUNICATION	No consistent awareness - a) no spontaneous vocalizations apart from fear, hunger, pain, b) very little awareness apart from response to cuddling & sharp environmental changes. AWARENESS AFDH -- 0-5	Somewhat aware - a) focuses on & follows moving objects, b) responds with smiles, c) squirming, d) some sounds apart from level 4.	Aware of surroundings & attends for short periods - a) babbling, b) relates to familiar people (smiles, squirms to be lifted).	a) Responds to own name & simple requests. b) Speaks a few clear words. c) Social games, eg, pat-a-cake.
DEVELOPMENTAL SKILLS	Difficult to feed. SELF HELP AFDH -- up to 5	Assists when being fed - a) sucks food, b) takes food from spoon, chews, c) opens mouth, d) enjoys bath.	Shows interest in self help - a) attempts to help in feeding, b) holds food (spoon), c) plays in bath.	Basic self help with assistance - a) self feeds with some mess, b) helps dressing, c) has partial bladder control (dry diaper).

LEVELS OF HANDICAP

Prepared 1975 for Services for
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Figure 2

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MOTOR CONTROL	Motor control severely affected due to spasms or limpness - a) no head control, b) no spontaneous motor movements. PHYSICAL DEVELOPMENT AFDH -- 0-10	Head & trunk control, limited purposeful movement in limbs, eg, a) creeping, b) batting toys, c) snuggles, squirms & creeps.	Purposeful movements - a) effective crawling, b) reaches for toys, c) walks with assistance, d) pulls self up.	Mobile - a) manipulates toys, b) some fine motor coordination, c) walks (walker/cane acceptable).
SOCIALIZATION/ COMMUNICATION	Impossible or extremely difficult to understand - a) no spontaneous vocalizations apart from fear, hunger, pain, b) very little awareness apart from response to cuddling & sharp environmental changes, c) shows some awareness of surroundings, d) eyes follow, in general way, motions. AWARENESS AFDH -- 0-10	Beginning awareness - a) responds to familiar person, b) notices changes in environment, c) babbles, d) uses gestures.	Can, with assistance, make needs known - a) responds to praise & censure, b) a few clear words or gestures (bye-bye), c) initiates some interaction ("up"), d) responds to simple directions, e) social games, eg, pat-a-cake.	Relates in familiar setting - a) imitation, b) one or two word sentences, c) follows direction, d) responds to & is aware of other children.
DEVELOPMENTAL SKILLS	Minimal self care - a) may assist when being fed (sucks food, takes food from spoon, opens mouth), b) may enjoy bath. SELF HELP AFDH -- up to 10	Shows interest in self care - a) attempts to hold spoon or eats some finger foods, b) cooperates when being dressed, c) plays in bath.	Basic self care with assistance - a) eats with assistance, b) uses toilet when placed on it, c) helps dressing.	Self care with assistance - a) eats with some mess, b) early self dressing, c) routine toilet trained, d) helps in washing.

You can't plan for 3000 - 8000 individuals - one must identify sub-groupings based on common need. The grids can also be used at an inter-agency level combining patters of needs fo. fiscal planning purposes. Figure 3 presents the planning categories from the Feasibility Study, 1978.

Figure 3.

The following major categories of persons with specific program needs were derived for purpose of Baker Planning Process:

a. Individuals who are mentally retarded with no other specific handicap

b. Individuals with extensive physical handicaps (mobility level 3 or 4)

c. Individuals with extensive health care requirements (supervision and care level 3 or 4)

d. Individuals with extensive personal care requirements (ie., both health care and mobility requirements at level 3 or 4)

e. Individuals with severe behaviour problems (behaviour at level 3 or 4)

Three levels of 'Mental Handicap' were identified within each of the above groups because of the belief that different types of programs needed to be designed depending on the degree of mental handicap, e.g., a group home for physically disabled adults who were of normal intelligence would be different from a similar home for those with physical handicap and severe mental retardation.

Socialization/Communication and Developmental Skills were combined to produce a picture of program and staff supports needed because of awareness and age relevant skills. The three levels of mental retardation were:

I. Mild Mental Handicap - those persons who as children can frequently be found in the regular school system but who may require some additional support at some point in their life.

Socialization/Communication - at level 0,1 or 2
Developmental Skills - at level 0,1 or 2(only one level 2 in either area is allowed)

II. Moderate Mental Handicap - persons who usually require specialized training support or family routine to function within the community. These persons can often be found in the specialized school system or in rehabilitation workshops.

Socialization/Communication at level 2 or 3
Developmental Skills at level 2 or 3

III. Dependent (Severe to Profound) - persons who generally require extensive support and assistance in self care and daily routines. These persons have often been found in institutions or extended care facilities. in the past

Socialization/Communication level 3 or 4
Developmental Skills at level 3 or 4

One can plot changes in planning categories over time, as was done in the Feasibility Study, 1978.

eg. over a four year period in Calgary the number of pre-school children requiring extenisve personal care living at home or in community settings rose from 12% in 1974 to 83% in 1979. This dramatic service shift denotes an incisive change in service delivery, ie., new infant development programs and closure of automatic infant institutional placements combined to produce a climate for home based care.

This simple process is also being used extensively in research as a way of describing the client populations. Descriptions on the grid can be combined in a number of ways to provide a comprehensive range of descriptors while maintaining a reliable data base.

2) Services Analysis: development of a "glossary of services" is a time consuming process, but once developed can be invaluable community resource. This list can then be used by all agencies and services to identify services which are required and those which are needed. This glossary can be updated as new service needs are identified or new services come on line.

3) Phases of Training: this is a shorthand compilation of the content and approaches used within the various stages of a training program or service. It evolved initially from the statistical analysis of the Adaptive Functioning Index,(Marlett,1971), an assessment & training device for disabled adults. By analyzing the stages through which these adults developed, general training approaches and expectations could be assigned as compatible with the type of skills being taught. This separation and delineation of training expectations maximized the training potential within a large system, eg. various group homes adopt specific training approaches and/or content areas and thus broaden the range of alternatives in the system.

Figure 4

Fig. - V-7. Training Phases Summary

PHASES OF TRAINING — A GUIDE TO INTEGRATED PROGRAM PLANNING

PHASE	VOCATIONAL	RESIDENTIAL	SOCIAL EDUCATION	LEISURE CONTINUUM
0	no program/waiting list	no program/waiting list	no program/waiting list	no program/waiting list
1	Orientation highly structured entrance to vocational programs (e.g. first 3 months) to establish what "work" is, - "exposure to vocational areas, understanding of daily routines, how to dress, what is a supervisor."	Personal ("skills") and understanding residence highly structured program for new trainees or those without knowledge of personal skills (cleanliness, appearance) -time management (getting up to work, to meals) or room management (e.g. bed making, drawers) alternatives -residence group 1, pre-residence home program.	basic Survival Skills Highly structured program to introduce trainees to the classroom situation: attention, following instructions, basic conversation and to teach basic survival skills "name, address and phone numbers", pedestrian safety, and bus route, basic social sight and symbols, time for daily routines (start work, leave home in morning) money for basic routines, (coffee, bus).	Remedial Programs - Basic Skills to develop the basic skills (i.e. fitness, eye-hand coordination attention, *etc.*) necessary to participate in recreation programs. e.g. weight control, exercises.
2	Basic Work Skills acquisition of priority 1 skills (vocational) in consistant, structured environment. "Knows work routines, dangers of work, keeping equipment safe and work area neat, responding to directions, following simple instructions, punctuality and personal appearance."	Personal routines maintained by the resident establishing personal skills into self controlled routines (e.g. "necessary laundry, morning routines, room maintenance") alternatives - group 2 residence, approved home.	Basic Concepts generally in classroom setting for trainee without priority 1 skills on AFI #1 (concepts, commun.) language development, community awareness, pre-number skills, awareness of time concepts, basic concepts (size, shape, color, location)	Interest Development and Skill Acquisition To develop a number of ongoing interests and the necessary skills to participate in these activities. e.g., arts & crafts, physical sports, outdoor activities, socialization, *etc.*
3	Maintaining Work Routines consolidating above skills in a less structured environment, "use and care of simple tools and machinery, working as part of a group or by himself, picking up speed to 40%-60% industrial rate."	Community Awareness emphasis on shopping, telephone training, bus training, seeking assistance in the community. alternatives - group 3 residence approved home, group home.	Basic Education Skills generally with computer, with some class work - for trainees with priority 1 but not priority 2 skills on AFI #1 (number, time, money) e.g. "Number, Money, Time, Reading."	Special Programs - Social Skills Upgrading for those people who have the necessary interest and skills but have problems because of personal behaviour or social skills. e.g., social skills, personal communication, personal development.
4	Applying Work Routines and Interpersonal Skills Applying work routines in less structured environments with reduced supervision. "Makes decisions about quality and planning work, looks after supplies, reaches 40%-60% indust. in these settings, handles his own appointments, interpersonal skills.	Basic home management routines "basic cooking, cleaning, basic budgeting with continued emphasis on community skills." alternatives - group 4 (pre apt.), group homes.	Application of Basic Education Skills generally small groups for preplacement trainees who have priority 2 skills or those in priority placement (i.e. ready to be placed) e.g. "Budgeting, banking, consumer credit, comparison shopping, consumer protection."	Transition to Community or Independant Recreation Programs to aid those people who have the necessary interests physical and social skills to make the transition to community or independent programs - i.e. information positive support awareness of resources, how to plan and make decisions *etc.* e.g., leisure counselling, community awareness.
5	Pre-placement - Integration phase Trainee has chosen general work area and is learning skills for a competitive job market. "Accepts criticism, works consistently and is actively involved in implementing placement, speed to 60%-80%. Helps new trainees."	Apartment Training readiness for independent living "budgeting, menu planning, living together with others." alternatives - group 5 (apt.), group homes.	Interpersonal Skills generally small groups based on individual needs in assertion, communication and sexual understanding - trainees are usually in preplacement, have adequate language. "Personal adjustment training, small groups, and counselling."	Self-Sufficient & Independent Leisure Management trainees are able to and do manage their leisure in an independent and positive manner. They are involved in a number of leisure activities, which represent a balance of different types of activities (relaxation, socialization, physical, creative, *etc.*) and are able to do all the planning and decision-making necessary to partake in these activities on an on-going basis.
6	Placement: in job trial or placement with support of placement staff. Could be in short term retraining before placement.	Independent/Semi-Independent Living transition toward independence with emphasis on using community resources ("repair, banks, doctors"). alternatives - apartment, duplexes, house	Interest Areas and Self Initiated Study correspondence for trainees at priority 3 who have passed Diagnostic test from Board of Education. "e.g. correspondence classes, evening classes, extension ancient econography."	Maintenance The trainees have, after a reasonable period of time (1 year), demonstrated that they are able to maintain positive patterns of leisure use i.e. if their interests change or a program is terminated, they don't revert to doing nothing but seek out and develop other leisure alternatives.

Communication within a complex system is improved when staff in one system understand the expectations in another system, and can see the compatability between services. The phases of training process has been a useful tool in identifying stages in education systems, extended care, community workshops, residential programs, specialized foster care, etc. It's potential for service plans, and basis systems research appears to be barely touched.

These three basic instrumentation techniques - the needs analysis, the service glossary and phases of training, provide not only a tool for individualized service planning but also generate a data base to be combined across all clients in a system. This data base then becomes the tracking and monitoring componenet of Inter-Agency Resource Plans. The initial stages of this tracking system have been used as a census process in 1975 and 1978 within the City of Calgary as part of Horizons '84
The present census will extend the needs analysis tracking system to include services analysis.

Further refinement and broader dissemination and acceptance of simple assessment and tracking techniques such as these should improve the quality of services to persons requiring assistance through increasing communication coordination, and eventually accountability.